

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B03000000298

1. Entity Name
 COLLINS CAPITAL LONG/SHORT EQUITY FUND I, LP



FILED

2004 AUG 23 P 3:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 C/O COLLINS CAPITAL ADVISORS, INC.
 1450 MADRUGA AVENUE, STE. 400
 CORAL GABLES, FL 33146

Mailing Address
 C/O COLLINS CAPITAL ADVISORS, INC.
 1450 MADRUGA AVENUE, STE. 400
 CORAL GABLES, FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-LP

CR2E003 (10/03)

4. FEI Number

47-0901757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, DOROTHY C
 1450 MADRUGA AVENUE, STE. 400
 CORAL GABLES, FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record.

\$10,000,000.00
 2,900,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

2,900,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F02000004607
 NAME COLLINS CAPITAL ADVISORS, INC.
 STREET ADDRESS 1450 MADRUGA AVENUE, STE. 400
 CITY-ST-ZIP CORAL GABLES, FL 33146

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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CITY-ST-ZIP

800040651758
 08/31/04 01004 019 **926.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/30/04

Date

305-666-3319

Deedline Phone #

STAPLE CHECK HERE